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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTA	L
FORM	

(to be used for all correspondence after initial filing)

Cestour in a concess	
Application Number	10/087,353
	08/01/2002
Filing Date	John P. HUSS, Jr.
First Named Inventor	
Group Art Unit	bonning
Examiner Name	not yet assigned
Attorney Docket Number	[TYCO DOCKET]
Allomo) = 3	

Firm or Individual name Signature	- alan Barts Ari		eposit Account N	vo. 13-3405	to charge any fees which may be . A duplicate copy of this sheet is			
Firm or Individual name	ATTORNEY, O	R AGENT		CUSTOMER NO. 26794				
Date Ser	ph E. Chovan	002						
		VIA	HAND DELIVER	RY				

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PTO/SB/17 (11-00) for use through 10/31/2002. OMB 0651-0032 ffice U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trade Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if kn wn FEE TRANSMITTAL for FY 2001 Application Number Filing Date John P. HUSS, Jr. First Named Inventor Patent fees are subject to annual revision. **Examiner Name** Group Art Unit 17823 Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$) 966 FEE CALCULATION (continued) METHOD OF PAYMENT 3. ADDITIONAL FEES The Commissioner is hereby authorized to charge 1. [X] Small indicated fees and credit any over payments to: Large Entity Entity Fee Paid **Fee Description** Deposit Fee Fee Fee 50-0979 Fee Code Code Account (\$) Code

Account	30-0979		Code 105	(\$) 130	Code 205	Code 65	Surcharge – late filing fee or oath	
Deposit Account Name			127	50	227	25	Surcharge – late provisional filing fee or cover sheet	
			139	130	139	130	Non-English specification	
⊠ C	harge Any Additional Fee Required Inder 37 CFR 1.16 and 1.17		147	2520	147	2520	For filing a request for ex parte reexamination	
	Applicant claims small entity status		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
2. ×	See 37 CFR 1.27		113	1840*	113	1840*	Requesting publication of SIR after Examiner action	
	Payment Enclosed		115	110	215	55	Extension for reply within first month	
کیاہے نے ⊠ Che		Other	116	400	216	200	Extension for reply within second month	
Ų,			117	920	217	460	Extension for reply within third month	
. Ui			118	1440	218	720	Extension for reply within fourth month	
· <u>[;]</u>	THE CALCULATION		128	1960	228	980	Extension for reply within fifth month	
	FEE CALCULATION		119	310	219	155	Notice of Appeal	
15 BASIC	FILING FEE		120	310	220	155	Filing a brief in support of an appeal	
	ntity Small Entity		121	270	221	135	Request for oral hearing	
	ntity Small Entity ee Fee Fee Fee Description		138	1510	138	1510	Petition to institute a public use proceeding	
	5) Code (\$)	\$740	140	110	240	55	Petition to revive - unavoidable	
	40 201 370 Utility filing fee	3740	141	1280	241	640	Petition to revive - unintentional	
1201	30 206 165 Design filing fee		142	1280	242	640	Utility issue fee (or reissue)	
	10 207		143	460	243	230	Design issue fee	
1.00	on D defend filing for		144	620	244	310	Plant issue fee	├ ──┤
114 1	60 214 80 Provisional filing fee SUBTOTAL (1)	\$740	122	130	122	130	Petition to the Commissioner	
			123	50	123	50	Processing fee under 37 CFR 1.17(q)	└
2. EXTF	RA CLAIMS FEES		126	180	126	180	Submission of Information Disclosure Strnt	
	Fee from		581	40	581	40	Recording each patent assignment per	
	Extra Claims below	Fee Paid \$ 18	146	740	246	370	CFR § 1.129(a))	
Total Claim	2 V 84 =	0160	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
Independen Claims Multiple In	1 3 - 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\$	179	740	279	375	- I F	

Request for expedited examination of a Small Entity Entity Large 900 169 900 169 Fee Description Fee design application Fee Fee Code Code (\$) Code Other fee (specify) Claims in excess of 20 SUBTOTAL (3) *Reduced by Basic Filing Fee Paid 203 103 18 Independent claims in excess of 3 202 42 102 Multiple dependent claim, if not paid 140 280 204 104 **Reissue independent claims over 42 109 209 original patent **Reissue claims in excess of 20 and 18 210 110 over original patent

\$186

SUBTOTAL (2) **or number previously paid, if greater, For Reissue, see above

Multiple Independent

Complete (if applicable) SUBMITTED BY CUSTOMER NO. Registration No. 33,481 Joseph E. Chovanes Name (Print/Type) (Attorney/Agent)

(215) 575-7000 Telephone March 1, 2002 Signature

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COMMISSIONER FOR PATENTO UNITED STATES PATENT AND TRADEMARK OFFICE WARHINGTON, D.C. ED231 WWW.USDID.OCV

FILING/RECEIPT DATE APPLICATION NUMBER

PIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/087,353

03/01/2002

John P. Huss JR.

CONFIRMATION NO. 3066

FORMALITIES LETTER OC000000007774451

Joseph A. Tessari, Esquire TYCO TECHNOLOGY RESOURCES Suite 450 4550 New Linden Hill Road Wilmington, DE 19808-2952

Date Mailed: 04/03/2002

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 Inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

A copy of this notice MUST be returned with the reply.

FILE DILWORTH PAXSON LLP

Customer Service Center

Initial Patent Examination Division (703) 305-1202

PART 2 - COPY TO BE RETURNED WITH RESPO

Post-It Fax Note 7671	Data 4/9/02 pages 1
To Joe Chovanes	From Joe Tessari
Co./Papt. Dilworth	∞ Tycò
Phone #215 575 7264	Phono # 302-633-3566
For 215 575 7200	Fax #

